



MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY  
WATER BUREAU

**APPLICATION FOR SITE PERMIT  
TO LAND APPLY SEPTAGE WASTE**

Required under Part 117 of Act 451, Public Acts of 1994, as amended

Failure to comply may result in fines and/or imprisonment.

[www.deq.state.mi.us/shr/](http://www.deq.state.mi.us/shr/)

**PART I. REGISTRATION APPLICATION**

PLEASE PRINT OR TYPE

BUSINESS NAME

DEQ LICENSE NUMBER

STREET ADDRESS

CITY

COUNTY

STATE

ZIP CODE

I hereby agree to comply with all provisions of Part 117, Septage Waste Servicers, Natural Resources and Environmental Protection Act, 1994 PA 451, as amended (NREPA), with regard to the land application of septic tank wastes to the following described property:

SIGNATURE OF HAULER

DATE

**PART II. PROPERTY DESCRIPTION - COMPLETE ALL INFORMATION**

SITE AREA: \_\_\_\_\_ ACRES LOCATION: COUNTY: \_\_\_\_\_ TOWNSHIP: \_\_\_\_\_

LATITUDE: \_\_\_\_\_ LONGITUDE: \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 Section \_\_\_\_\_ Town \_\_\_\_\_ Range \_\_\_\_\_

STREET ADDRESS

CITY

ZIP CODE

**PART III. LAND OWNER'S AGREEMENT (to be filled out by legal land owner only)**

In accordance with Part 117 NREPA, permission is hereby granted to the above named licensed septic tank cleaner for the purpose of land application of septic tank wastes on the property described above. This agreement must be renewed at the same time as the hauler's business license. This agreement is subject to termination by the land owner upon ten (10) days written notice to the hauler and the Department of Environmental Quality.

LAND OWNER'S ADDRESS

CITY

ZIP CODE

LAND OWNER'S NAME(S) (PRINT)

LAND OWNER'S TELEPHONE NUMBER

DATE

LAND OWNER'S SIGNATURE(S) (ALL LAND OWNERS ARE REQUIRED)

**PART IV. SEPTAGE WASTE DISPOSAL SITE INFORMATION**

1. Include the name, address, and phone number of the manager of the land, if different than the owner.

2. Is this a new septage waste disposal site?

☐ Yes ☐ No

If yes, attach a check for \$500 for each new site (see below).

3. Include the site location by latitude and longitude below:

\_\_\_\_\_ Lat. \_\_\_\_\_ Lon.

4. Attach maps from both a county land atlas and plat book identifying the site and disposal location(s). Include a scale site drawing showing the exact disposal location(s)

5. Attach a copy of the names and addresses notified as described in Sec. 11709.(3)(a)(b)(c)(d) of Part 117 NREPA.

6. Attach a summary of your vector attraction reduction and pathogen reduction methods.

7. Attach a copy of the soil fertility test results for each site and the location(s) on that site. Include a copy of your calculations used to determine the agronomic application rates (AAR) using the following formula:

AAR (gallons/acre/year) =  $\frac{\text{Pounds Nitrogen Required for Crop Yield}}{0.0026}$

8. Do you pump food establishment septage?

☐ Yes ☐ No

If yes, attach a detailed description how the waste is managed and disposed of.

<p>9. How is the septage waste disposed?</p> <p>_____ Surface application _____ Injection</p>	<p>10. Attach a copy of your cropping plan.</p>
<p>11. Will you be applying septage to land in winter?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, attach a copy of your pH and volume log from last year.</p>	<p>12. Do you store septage waste?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, when was your storage facility approved for use by DEQ? _____</p> <p>Attach a summary describing your storage facility management practices.</p>

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**PART V. SITE INSPECTION** (to be filled out by Certified Health Department or DEQ personnel only)

Please attach a copy of the Land Application Site/Location Inspection report (EQP 5900). The site permit requirements can be found in Part 117 NREPA, Sec. 11710.

Inspection date: \_\_\_\_\_ Inspected by: \_\_\_\_\_

- ☐ The site is suitable for the land application of septic tank waste in accordance with Part 117 NREPA.
- ☐ The site is NOT suitable for the land application of septic tank waste in accordance with Part 117 NREPA and is denied.

County Health Department: \_\_\_\_\_

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DEQ Authorization – sign and date:

**Make check payable to: State of Michigan**

Mail completed application and payment to:

MI DEPT OF ENVIRONMENTAL QUALITY  
CASHIER'S OFFICE-WB-SEP1  
PO BOX 30657  
LANSING MI 48909-8157

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DEQ CASHIER USE ONLY

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